

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Application Number 09/863,425		Filing Date 22 May, 2001		<input type="checkbox"/> To be Mailed					
				Applicant(s) BHARADWAJ, SRINIVAS						Page 1 of 1			
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
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2		1					52						
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30	1						80						
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48							98						
49							99						
50							100						
Total Indep	3						Total Indep						
Total Depend		34					Total Depend						
Total Claims		37					Total Claims						

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